CFS 906-4 Rev 6/2021

## Illinois Department Of Children and Family Services SPECIAL SERVICE FEE AND PAYMENT EXTENSION FORM

☐ SPECIAL SERVICE FEE			☐ PAYMENT EXTENSION			
Client Name			I	D		
Provider Name			I	D		_
Agency Name						
	/ /					
Start Date	/ /					
Stop Date	/ /					
SSF Amount						
Reason for SSF						
Caseworker Name			I	D		
Caseworker Signature				Date	/	/
Supervisor Name						
Supervisor Signature					/	/
Regional Administrator I	Name					
Regional Administrator S					/	/
NARRATIVE						

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.